



STATE OF DELAWARE
Federal Aid Master (FM)

***Required**

*Date: _____	*Name of Requestor: _____	Phone #: _____
*Organization: _____	*Dept ID: _____	*Requestor's email: _____

***Submit form to:**

State of Delaware
FEDERAL AID MANAGEMENT
Office of Management and Budget
Single Point of Contact (SPOC)
Haslet Armory, Dover, Delaware SLC D570E
(302) 739-4206

*Source of Funding	*Amount (\$s and ¢s)	*Increase/Decrease
Federal Funds	\$	Select from list
Carry Over	\$	Select from list
Project Income	\$	Select from list
TOTAL	\$	Select from list

*State Application Identifier (SAI)	*Project Title	*CFDA #	*R/D Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No
*Date: _____ *Ledger Group: GR_GROUP *Entry Type: Select from list			

GR_GROUP (Federal Parent)							
*Action	*Bud Ref	*Fund	*Approp	*Budgetary Account	Begin Date	End Date	*Amount
							\$
							\$
GR_DETAIL (Federal Child)							
*Action	*Bud Ref	*Fund	*Approp	*Budgetary Account	Begin Date	End Date	*Amount
							\$
GR_G_REV (Revenue)							
*Action	*Bud Ref	*Fund	*Approp	*Budgetary Account	Begin Date	End Date	*Amount
							\$

ACTION CODES

E – add a new appropriation
M – modify appropriation amount

EXPLANATION:

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OFFICE USE ONLY

Prepared By: _____	Date: _____	Approved By: _____	Date: _____
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OMB USE ONLY

Entered in System By: _____	Date: _____	Record Journal ID #: _____
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